

**DEPTH
Diabetes Education Path to Health**

Codes: G=Good F=Fair P=Poor R=Refused GP=Group

Pre-Program				Instruction (Date & Initial)			Post- Program		
Code	Initial	Date	Adult Learning Objectives				Code	Initial	Date
			Participant will:						
			DM: DP Understanding Diabetes						
			1. Describe what diabetes is.						
			2. State the difference between Type 1 and Type 2 diabetes.						
			3. Describe two factors that contribute to the development of diabetes.						
			4. List the components of diabetes care: food choices, exercise, self-care, and medication.						
			5. Describe their responsibility in care and how to use the health care and support system in the community to meet care needs.						
			Psychological Adjustment						
			6. Acknowledge "I have diabetes" and describe their feelings about how diabetes affects their life.						
			7. Give an example of at least one coping strategy for negative feelings and stress.						
			8. Describe two ways family members/ significant others can help you with diabetes care.						
			DM: N Eating For Good Health						
			1. Identify 2 foods/drinks high in sugar.						
			2. Identify 2 foods high in fat and healthier substitutes.						
			3. Describe 2 eating changes to improve blood sugar control.						
			4. Describe a healthy eating strategy for holidays and special occasions.						
			5. Identify 3 food groups that are carbohydrates.						

Addressograph:

Signatures:

Patient Education Record

PIMC-221
DCOE 12/01

305057

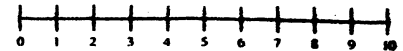
Pre-Program				Instruction (Date & Initial)			Post-Program		
Code	Initial	Date	DM: HM, EQ Monitoring				Code	Initial	Date
			1. State normal and personal blood sugar goals.						
			2. Demonstrate correct use of meter.						
			DM: C, FTC, KID Complications						
			3. Explain hypoglycemia, how to prevent it and treatment if it occurs.						
			4. Explain hyperglycemia, how to prevent it and what to do if it occurs.						
			5. Describe 2 sick day guidelines.						
			6. Describe the importance of near normal blood glucose control.						
			7. Identify 2 controllable conditions that increase risk for complications.						
			8. Describe 2 self-care practices for preventing complications.						
			DM: M Medication and Alcohol						
			1. State the name, dose, action, and possible side effects of their diabetes medication.						
			2. State how alcohol and other drugs can affect diabetes control.						
			DM: EX Exercise and Prevention						
			3. State 3 benefits of physical activity.						
			4. Describe an exercise program they will follow routinely-Set exercise goal.						
			DM: LA, FU Changing Behavior						
			5. Describe one thing/situation that hinders progress toward reaching goals.						
			6. Describe one way you can maintain your behavior changes/goals.						

See PCCs for Documentation of instruction

- Documentation of self-blood glucose monitoring
- Initial behavior change goals
- Documentation of insulin administration
- Follow-up assessment and plan
- Documentation of preconceptual counseling
- Documentation of other educational encounters

PCC AMBULATORY ENCOUNTER RECORD

Pain Scale



Date _____ AM
 PM
 Clinic ~~98~~ 98
 Appt. _____ Walk-in _____

 PROBLEM LIST UPDATE
 (Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active
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PROVIDERS

PRIMARY PROVIDER

AFFIL.

DIS.

INITIALS / CODE

DEPTH

CHIEF COMPLAINT

Attended Class for Diabetes Education

SUBJECTIVE/ OBJECTIVE

Class 1 - Understanding Diabetes /

Class 2 - Nutrition

Psychological Issues

1, 2, 3, 4, 5, 6, 7, 8

1, 2, 3, 4, 5

Class 3 - Monitoring Control /

Class 4 - Medications / Exercise /

Complications

1, 2, 3, 4, 5, 6, 7, 8

Changing Behaviors

1, 2, 3, 4, 5, 6

Behavior Goals.

#1 "I will"

#2 "I will"

#3 "I will"

Pt. Signature: _____

Injury?

☐ Yes☐ No

If yes, Date: _____

☐ ETOH Related☐ Employ. Rel.

Se: _____

Place: _____

(For additional Documentation, Use IHS 45-3 Continuation Sheet)

OTHER TESTS/ PROCEDURES ORDERED

PROBLEM LIST		PURPOSE OF VISIT (PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)	Health Factors
A-AI-C	#		
		Diabetes Education	
		Type 2 Diabetes	

REPRODUCTIVE FACTORS

G

P

LC

SA

TA

LMP

FP METHOD

DATE BEGUN

PROBLEM LIST NOTES

STORE NOTE FOR PROB. #

STORE NOTE FOR PROB. #

MEDICATIONS

MEDICATIONS / TREATMENTS / PROCEDURES / PATIENT EDUCATION

DM: DP-

DM: N-

DM: C, FTC, Kid-

DM: LA, M, EX, FU-

HR #

SSN #

REVISIT/ REFERRAL TO:

3 mos. f/u

DATE

TIME

PURPOSE:

INSTRUCTIONS TO PATIENT:

☐ SIGN RELEASE RECORDS

B DATE

SEX

TRIBE

RESIDENCE

FACILITY

DATE

PROV. SIGNATURE

B/P

WT.

☐ GM
☐ KG
☐ LB-OZ

HT.

☐ CM
☐ IN

HEAD

☐ CM
☐ IN

VISION - UNCORRECTED

R

L

VISION - CORRECTED

R

L

☒

ORDER

INITIALS

HCT.

UA

HCG

BS-F/BS-R

CBC

Urine culture

Throat culture

Stool culture

STS

GC

PAP

Pelvic

Breast

Mammogram

Rectal

Chest X-ray

EKG

Soak

Hep B #

Hep A #

OPV #

DTP #

DT aP #

DT

Td

MMR #

Varicella

Influenza

Hib TITER/ ActHIB #

Padvax HIB #

Pneumo Vax

PPD

mm

☒

Type of Decision Making

Straightforward

Low Complexity

Moderate Complexity

High Complexity

PCC AMBULATORY ENCOUNTER RECORD

Date _____
Arrival Time _____ : _____ AM
Clinic 98
at _____ Walk-in _____

PROBLEM LIST UPDATE
(Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active
--------	------------------	----------------

PROVIDERS	AFFIL.	DIS.	INITIALS / CODE
PRIMARY PROVIDER			

DCOE -DEPTH

TEMP PULSE RESP

CHIEF COMPLAINT S: Here for 3 month follow up on behavior goals
see pcc dated _____ for initial goals.

SUBJECTIVE/OBJECTIVE Goal 1: "I feel I've reached this goal."
_____ completely _____ Partially _____ Not at all

Barriers / Comments

Goal 2: "I feel I've reached this goal."

_____ completely _____ Partially _____ Not at all

Barriers / Comments

O: HbA1C today=

Injury? ☐ Yes ☐ No If yes, Date: _____ ☐ ETOH Related ☐ Employ. Rel.

Cause: _____ Place: _____

(For additional Documentation, Use IHS 45-3 Continuation Sheet)

OTHER TESTS/
PROCEDURES
PERFORMED

PROBLEM LIST		PURPOSE OF VISIT (PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)	Health Factors
A-AI-C	#		
		Diabetes Education	
		Type 2 diabetes	

REPRODUCTIVE FACTORS G P LC SA TA LMP FP METHOD DATE BEGUN

PROBLEM LIST NOTES STORE NOTE FOR PROB. # REMOVE NOTE #

STORE NOTE FOR PROB. #

MEDICATIONS MEDICATIONS / TREATMENTS / PROCEDURES / PATIENT EDUCATION

DM: FU

HR # SSN # REVISIT/ REFERRAL TO: DATE TIME

NAME PURPOSE:

B DATE SEX TRIBE INSTRUCTIONS: TO PATIENT: ☐ SIGN RELEASE RECORDS

RESIDENCE

FACILITY DATE PROV. SIGNATURE

B/P

WT. ☐ GM
☐ KG
☐ LB-OZ

HT. ☐ CM
☐ IN

HEAD ☐ CM
☐ IN

VISION - UNCORRECTED

R L

VISION - CORRECTED

R L

☒ ORDER INITIALS

HCT.

UA

HCG

BS-F/BS-R

CBC

Urine culture

Throat culture

Stool culture

STS

GC

PAP

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Breast

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Hep B #

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DT aP #

DT

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Varicella

Influenza

Hib TITER/
ActHIB #

Padvax HIB #

Pneumo Vax

PPD mm

☒ Type of Decision Making

Straightforward

Low Complexity

Moderate Complexity

High Complexity

305901

EF

**TEACHING GUIDE
FOR
BEGINNING STEPS TOWARD DIABETES SELF CARE
An Education Program for Persons with Diabetes**

Understanding Levels G = Good F = Fair P = Poor	First Contact	Session One	Session Two	Session Three	Session Four	Session Five
	Pre-program Assessment	Self Assessment	Diabetes Health Assessment	Nutrition Assessment	Self Care Class	Post Program Assessment
Learner Objectives	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial
DM-I (Information)						
Understands the Diabetes Education Program consists of 3 clinic visits and 2 group classes.	G F P					
Identifies strengths and roadblocks for achieving new choices.			G F P	G F P		G F P
Uses the list of health exams and lab tests to initiate diabetes care		G F P	G F P			
States how diabetes care is provided at CIH.		G F P	G F P			G F P
States his/her feelings about having diabetes.	G F P	G F P	G F P			
States the need for routine medical care and yearly screening.		G F P	G F P			
States 2 risk factors for Type 2 diabetes including gestational diabetes.			G F P			
Identifies self as a central and equal member of his or here diabetes team.		G F P			G F P	G F P
Discuss how to get support from friends and family members to make changes.		G F P	G F P		G F P	G F P
Names a support person.		G F P				
Identifies resources for continuing diabetes care.		G F P	G F P		G F P	G F P
Identifies at least 2 rights and responsibilities for persons with diabetes					G F P	
Demonstrates basic knowledge of diabetes self care planning.		G F P	G F P	G F P	G F P	G F P
Identifies own health status and self care level.		G F P	G F P	G F P	G F P	G F P
DM-DP Disease Process						
States the simplest definition of diabetes.			G F P		G F P	G F P
States a range of blood sugar that is controlled.			G F P	G F P	G F P	G F P
States a level of blood sugar that may lead to symptoms of diabetes.			G F P		G F P	G F P
States a level of blood sugar that leads to damage.			G F P		G F P	G F P
States that insulin resistance is the basic cause of type 2 diabetes			G F P		G F P	
Identifies 2 differences in the care of Type 1 and Type 2 Diabetes.			G F P		G F P	

Patient Identification:

Initial	Signature/Title

Page 1
Learner Objectives for
Diabetes Education

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BEGINNING STEPS TOWARD DIABETES SELF CARE
An Education Program for Persons with Diabetes**

Patient Education Flow Sheet

Understanding Levels G = Good F = Fair P = Poor	First Contact	Session One	Session Two	Session Three	Session Four	Session Five
	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial
Learner Objectives						
DM-N (Nutrition)						
Uses the "Choosing Good Foods" List to make changes with eating.	G F P	G F P	G F P	G F P		G F P
States a goal for reasonable body weight and blood sugar control.				G F P		G F P
Names one food in each of the six food groups.				G F P	G F P	G F P
Discuss serving sizes for foods in the six food groups.				G F P	G F P	G F P
States the difference between simple and complex carbohydrates.				G F P	G F P	G F P
Identifies own stage of "Learning Readiness" to perform healthy behaviors in "Eating Well".		G F P	G F P	G F P		G F P
States the difference between saturated and unsaturated fats.				G F P	G F P	G F P
Names at least 2 things to look for when reading labels.				G F P	G F P	G F P
Describes personal meal plan.		G F P	G F P	G F P	G F P	G F P
DM-EX (Exercise)						
Identifies exercise self care level.	G F P	G F P	G F P		G F P	G F P
Identifies exercise exertion level.			G F P	G F P	G F P	G F P
States the role of increased physical activity for blood sugar control.		G F P	G F P	G F P	G F P	G F P
Names one form of aerobic exercise.			G F P		G F P	G F P
State frequency and duration of exercise which promotes the greatest benefit.			G F P		G F P	G F P
Identifies own stage of "Learning Readiness" to perform health behaviors in "Being Active"			G F P	G F P		G F P
Describes personal exercise plan.			G F P	G F P	G F P	G F P
DM-BS (Blood Sugar Monitoring)						
Discovers how usual meals affect blood sugar readings.		G F P	G F P	G F P	G F P	G F P
Identifies own stage of "Learning Readiness" to perform healthy behaviors in "B.S. Testing".			G F P	G F P	G F P	G F P
State two causes of low blood sugar			G F P			
Demonstrates use of blood sugar monitor: • Setting meter options • Calibration/control solution procedure • Obtaining and applying blood sample • Recording results • Accessing memory • Care and maintenance Obtaining customer support		G F P G F P G F P G F P G F P G F P				

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An Education Program for Persons with Diabetes**

Patient Education Flow Sheet

Understanding Levels G = Good F = Fair P = Poor	First Contact	Session One	Session Two	Session Three	Session Four	Session Five
Learner Objectives	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial
DM-BS (Blood Sugar Monitoring) continued						
Describes plan for testing blood sugar.		G F P	G F P	G F P	G F P	G F P
Discuss when to test blood sugar more frequently.			G F P		G F P	G F P
Identifies blood sugar goals for fasting and post meals.		G F P	G F P	G F P	G F P	G F P
DM-C (Complications Care)						
States 3 yearly tests recommended to screen for complications.		G F P	G F P		G F P	G F P
States blood sugar and blood pressure control can reduce complications		G F P	G F P	G F P	G F P	G F P
Identifies own risk stage for each of the major complications related to diabetes.			G F P	G F P		G F P
DM-C (Foot Care)						
Understands daily foot care				G F P	G F P	G F P
<ul style="list-style-type: none"> Check for breaks in skin, shape and length of toenails, thick calluses and signs of infection Wash feet and apply lotion everyday Trim toenails square 				G F P G F P	G F P G F P	G F P G F P
Identifies own risk stage for each of the major complications related to diabetes.			G F P			G F P
States four things to look for when buying shoes.				G F P	G F P	G F P
States how to obtain foot care when urgent problems occur.				G F P	G F P	
DM-C (Dental Care)						
States gum disease is a complication of diabetes		G F P			G F P	G F P
States 2 actions for proper dental care					G F P	G F P
States how to get dental care at CIH.		G F P	G F P		G F P	G F P
DM-C (Skin Care)						
States 2 ways high blood sugar can affect the skin.		G F P			G F P	G F P
State 2 actions for proper skin care.		G F P			G F P	G F P
DM-C (Eye Care)						
States eye damage as a major problem caused by diabetes.		G F P	G F P		G F P	G F P
States how yearly eye screens are obtained a CIH.		G F P	G F P		G F P	G F P
Identifies laser surgery as a treatment for retinopathy.					G F P	

Patient Identification:

Initial	Signature/Title

TEACHING GUIDE

FOR

BEGINNING STEPS TOWARD DIABETES SELF CARE

An Education Program for Persons with Diabetes

Patient Education Flow Sheet

Understanding Levels G = Good F = Fair P = Poor	First Contact	Session One	Session Two	Session Three	Session Four	Session Five
Learner Objectives	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial	Date/Initial
DM-C (Kidneys Damage)						
States kidney damage is a complication of diabetes.		G F P	G F P	G F P	G F P	G F P
States microalbuminuria is an early sign of kidney disease.		G F P	G F P	G F P	G F P	G F P
DM-C (Cardiovascular Disease)						
States heart disease and stroke are complications of diabetes.		G F P	G F P	G F P	G F P	G F P
States controlled cholesterol and triglycerides levels.			G F P	G F P	G F P	G F P
States high risk behaviors for cardiovascular disease such as smoking, HTN, obesity, etc.			G F P	G F P	G F P	G F P
Identifies controlled level of blood pressure for person with diabetes.			G F P	G F P	G F P	G F P
DM-C (Nerve Damage)						
States nerve damage is a complication of diabetes.		G F P	G F P	G F P	G F P	G F P
Describes signs and symptoms of nerve damage.			G F P	G F P	G F P	G F P
Understands nerve damage can affect various parts of the body.					G F P	
DM-I Diabetes In Pregnancy						
Identifies risk factors for gestational diabetes		G F P	G F P			G F P
Differentiates between preconceptual diabetes and gestational diabetes.		G F P	G F P			G F P
States potential risks for children born to mothers with diabetes.			G F P			
Describes goals and strategies for tight blood sugar control during pregnancy.			G F P			
Identifies appropriate resources.			G F P			G F P
Women's Health						
States a time frame for the frequency of pap smears, breast exams and mammograms		G F P	G F P		G F P	G F P
States own risk for osteoporosis and makes informed choice(s) of treatment options.			G F P			G F P
States own immunization status.			G F P			G F P
Men's Health						
States problems related to sexual function can occur with diabetes (optional).			G F P		G F P	G F P
Makes informed choice(s) of treatment options for sexual dysfunction when present.			G F P			G F P
States a time frame for the frequency of PSA and prostate exam.			G F P			G F P
States own immunization status.			G F P			G F P